

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551967

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		①		1		
8		②		1		
9		③		1		
10		④		1		
11	1		1			
12		1		1		
13	1		1			
14		1		1		
15		2		1		
16		2		1		
17		2		1		
18		2		1		
19		⑤		1		
20		⑥		1		
21	1		1			
22		1		1		
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50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	26	←	18	←		←
TOTAL CLAIMS	30		22			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						